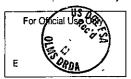
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or c.v.l penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //732		2. Fiscal Year Covered From:		
·		1 / 1 / 2304 Through: 12 / 31 / 2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name George Tull	ier, Jr	Name Painters Local Union No. 728		
		Labor Organization File Number 0/3448		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 17457 Joe Sevario Rd.		Street 1930 Beaumon: Drive		
City Prairieville		City Baton Rouge		
State Louisiana	ZIP Code + 4 70769	State Louisiana ZIP Code + 4 70806		
5. Position in labor organization. Apprenti	ce Instructor			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

economic benefit of vely sceking to represent.	
7.a. Nature of Interest, Transaction, or Income.	
Company Congression	
· · · · · · · ·	

## Signature

Signed George Tullier of On	08/16/05 Date	(225) 622-1647 Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with Name a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. 2004 Travel Expenses to Apprentice Instructor Name New Orleans Painters Apprentice Fund Training Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2669 Lexington Ave. \$1,120 11.b. Approximate dollar value of such dealing. Kenner City 12.a. Nature of interest held or income received. Reimbursement Expenses ZIP Code + 4 70062-5370 State Louisiana \$1,120 12.b, Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment. N/A		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		